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ABSTRACT

This study examined the effects of reality negotiation strategies on burnout among nurses (N=45) in chronic-care rehabilitation units. It was predicted that hope would be inversely related to three components of burnout. The factors of hope were described as: (1) "agency," defined as a sense of meaning and goal-directed energy; and (2) perceived pathways to meeting personal and professional goals. Nurse burnout was assessed with the Maslach Burnout Inventory for three components: emotional exhaustion, depersonalization, and personal accomplishment. Nurses' numbers of years in the unit were also noted. The findings of this research reaffirmed previous findings regarding the buffering effects of hope as well as its differential effects on coping. Hope was clearly associated with lower burnout scores. However, it was a sense of agency that predicted lower emotional exhaustion while years on the unit and pathways predicted depersonalization. Personal accomplishment was not associated with agency, pathways, or years on the unit. The strong relationship between emotional exhaustion and agency indicated that a greater sense of determination to meet goals affected the degree to which nurses experienced emotional exhaustion. Emotional exhaustion is possibly the key element in burnout, since recent research indicates that this component is the strongest predictor of job dissatisfaction, plans for leaving the job, training for other work, and actual turnover. Years on the unit was the strongest predictor of depersonalization. It is possible that long-term caring and fatigue erode the nurse's ability to care for others. (LLL)

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Negotiating the Reality of Care Giving:

Hope, Burnout and Nursing

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Abstract

Examined the effects of reality negotiation strategies on burnout among nurses in chronic-care rehabilitation units. Hypothesizing from Snyder's (1989) model of hope in the reality negotiation process, it was predicted that hope would be inversely related to the three components of burnout. Nurse burnout was assessed with the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981). Correlational analyses indicated that a sense of meaning and goal-directed energy in the hope process ("agency"; Snyder, 1989) was significantly predictive of emotional exhaustion. Years experience on the unit was the strongest predictor of the tendency to depersonalize clientele. A higher sense of ability in generating goals and problem-solving strategies was also significantly associated with less depersonalization. The findings indicate that the two components of hope as theorized by Snyder (1989) have differential effects on occupational burnout.

Negotiating the Reality of Care Giving:

Hope, Burnout and Nursing

Although folk psychology maintains that accurate reality perception is characteristic of optimal mental health (e.g., Jahoda, 1953; Jourand & Landsman, 1980), this tenet has been challenged. Researchers investigating social cognitive processes among individuals facing threatening circumstances have found these persons often attend and respond selectively to aspects of their situation (Taylor, 1989). Janoff-Bulman (1989) noted that this process is correlated with a variety of adaptive processes associated with coping in traumatic and common-place situations. Higher levels of self-esteem, contentment, happiness, productive work, creative capacity and increased empathy have been associated with the manner in which people integrate and acknowledge their reality (Taylor, 1989; Taylor & Brown, 1988). This propensity to maintain positive self-conceptions in light of negative circumstances appears to be distinct from classically defined defense mechanisms in that the former process is consistently associated with greater psychological well-being (Taylor, Collins, Skokan, & Aspinwall, 1989).

This phenomena has been recently conceptualized by Snyder (1989) as reality negotiation. Reality negotiation is defined as any attempt to maintain positive beliefs about the self under adverse circumstances. These attempts may exhibit themselves in one of two forms: excuse making and hope. Excuse making encompasses all behaviors aimed at distancing oneself from undesirable acts which could have negative implications for the self image, while hope includes those behaviors aimed at increasing the personal

connection to positive events. Hope is a complex process and is comprised of two factors: agency and pathways (Snyder, Irving, & Anderson, 1990). Agency reflects the individual's sense of determination, energy, and ability to meet personal challenges and goals. Pathways addresses the individual's perception of their ability to successfully meet those self same goals. Individuals who have a high sense of agency are characterized by having the necessary "will" to weather stressful conditions; higher levels of pathways would likely lead the person to generate possible options, goals and strategies for navigating through the situation (Snyder, 1989; Snyder, Irving, & Anderson, 1990).

Several investigations have found hope to be predictive of psychological adjustment among people in stressful and routine conditions (Elliott, Witty, Herrick, & Hoffman, in press; Snyder, Harris, et al. in press). Theoretically, reality negotiation involving hope should be pronounced among persons who face dire circumstances such as cancer (Taylor, 1983), rape (Janoff-Bulman, 1989) or severe disability (Elliott et al. in press) in attempt to ward off threats to the individuals' self-image. Other data indicates that the propensity to engage in favorable self-presentations is heightened when a person's self-esteem and sense of ability are threatened (Roth, Snyder, & Pace, 1986; Sackeim & Gur, 1978; Taylor, et al. 1989). However, it is less clear how the components of hope operate in situations that are clearly stressful but not necessarily perceived to be threatening to the self.

Many professionals in health-service occupations, for example, encounter a great deal of stress while attending to the needs of their clientele. Stress is characteristic of the nursing profession and is predictive of satisfaction,

turnover and burnout among nurses (Pines & Aronson, 1988; Firth, McKeown, McIntee, & Britton, 1987). Occupational burnout among nurses is thought to be a consequence of the emotional and physical demands that accompany care giving in institutional settings (Maslach & Jackson, 1981; Pines & Aronson, 1988).

Intuitively, hope should be inversely related to burnout, since hope by definition implies a sense of energy and optimism notably absent in the burnout syndrome. It is interesting to observe that writers in the nursing literature extol the virtues of hope in maintaining faith, determination and the pursuit of goals, while denigrating the utilization of denial in coping with job stress (Hall & Wray, 1989; Lawrence & Lawrence, 1987). Hall and Wray (1989) believe that nurses who engage in denial are not realistically acknowledging the reality of their job and subsequently risk exacerbating their work-related problems.

The concepts of denial and hope in nursing may be better understood in the theoretical language of reality negotiation. Nurses who have a higher sense of goal-directed energy ("agency") may selectively attend to the stressful impact of their work and therefore less prone to experiencing occupational burnout. Although this may be construed as a form of "denial", it may have beneficial aspects for nurses who may be realistically unable to alter the sources of strain on the job. Furthermore, nurses who have a greater ability to generate successful paths to meeting personal and professional goals -- "pathways' -- may be more active in actually resolving some the sources of job strain. Theoretically, both components of hope are important in successful reality negotiation (Snyder, 1989). Recent research has found differential effects for the two components on measures of

psychological adjustment (Elliott et al. in press).

The present study was conducted to investigate the nature of the relationship between burnout and hope among nurses in chronic care hospital units. Specifically, it was predicted that hope as hypothesized by Snyder (1989) would be significantly and inversely related to occupational burnout.

Method

Research Participants

Participants for the study were 45 (40 women, 5 men) nurses stationed in chronic care rehabilitation units in five different hospitals. All of the participants worked with patients who had some type of acquired severe physical impairments including spinal cord injuries, head injuries, amputations, and multiple physical trauma. The mean age of the sample was 41.12 (*SD* = 9.5; range 23 to 60 years). Nurses voluntarily participated in a study, presented as research on stress and coping among nurses. All participants gave informed consent.

Procedure

Each participant in the study completed an informed consent form, a biographical cover sheet, and the dependent and independent measures. Packets containing all measures were distributed and returned to a contact person on the wards.

Predictor Variables

The Hope Scale (Snyder, 1989) was used to measure the components of hope. The instrument contains 12 items that are rated on a 1 (definitely false) to 4 (definitely true) scale. Factor analysis has revealed two constructs, with four items loading on agency and four others on pathways

(Snyder, 1989). Four additional items serve as distractors. Test-retest reliabilities for the Hope scale indicate temporal stability (.85 over a three-week interval; .73 over an eight-week period; and .76 to .82 in ten-week intervals; Snyder, Harris, et al. in press). The total score for the scale has been moderately correlated with measures of optimism (.58) and desire for personal control (.54; Snyder, 1989). Alpha coefficients for the two subscales have been acceptable (agency, .71 to .77; pathways, .63 to .80; Snyder, Harris, et al. in press). Scores for the agency and pathways subscales were used as independent variables. Higher scores indicate higher levels of both components.

A second independent variable was derived from the number of years of nursing experience on the rehabilitation unit. Nurses reported the length of time they had worked on their particular unit. Years on the unit were rounded upwards.

Criterion Variables

Criterion measures of burnout were assessed with the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981). The MBI has 22 items and contains three factors: emotional exhaustion, depersonalization, and personal accomplishment. Respondents rate each item on a Likert scale according to frequency and intensity. The MBI is a standard measure of occupational burnout and has been significantly correlated with other measures of job burnout, job stress and other indices of job satisfaction and performance (Brookings, Bolton, Brown & McEvoy, 1985; Jackson, Schwab, & Schuler, 1986; Maslach & Jackson, 1981). Reliability (ranging from .57 to .84) and validity coefficients (ranging from .60 to .82) have been acceptable (Maslach &

Jackson, 1981). The frequency scores for each scale were used in the present study. Higher scores on the exhaustion and depersonalization reflect higher levels of burnout; lower scores on the personal accomplishment scale reflect greater burnout.

Data Analysis

Pearson correlation coefficients were first computed between the two hope variables (pathways, agency), the three burnout scales, and the number of years spent on the unit. A canonical correlation was than computed using the pathways, agency and years on the unit as a set to predict emotional exhaustion, depersonalization, and personal accomplishment (Tabachnick & Fidell, 1983). Due to missing data on some of the instruments, the total number of usuable protocols for statistical analysis was 45.

Results

Means and standard deviations for each of the dependent variables are presented in Table 1. Table 2 presents the correlation matrix from which the canonical functions were extracted. Significant correlations were observed between years on the unit and depersonalization, agency and emotional exhaustion and depersonalization, pathways and emotional exhaustion and depersonalization, emotional exhaustion and depersonalization, and finally, between personal accomplishment and depersonalization. Higher levels of hope were significantly associated with lower emotional exhaustion and depersonalization scores.

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Insert Tables 1, 2 and 3 about here

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The first canonical correlation was .55 (30% of the variance), and this was the only significant canonical correlation, $F(9, 95) = 2.5$, $p < .01$. The canonical function coefficients presented in Table 3 indicate that emotional exhaustion was the major contributor to the burnout composite, with about equal contributions by depersonalization and personal accomplishment, both of which were weak contributors. For the hope factors, agency was the major contributor with pathways and years on the unit accounting for the remainder of the contribution.

The major contributions of emotional exhaustion and agency indicate that the significant canonical correlation between the two composites are largely the result of the relationship between these two variables. This relationship is an inverse one with emotional exhaustion being inversely related to the composite consisting of primarily of agency. Thus, of the two hope factors important in the reality negotiation, agency is significantly associated with emotional exhaustion in occupational burnout.

To examine the relationships between hope and burnout more precisely, standard regression equations with forward entry were employed as post-hoc procedures to predict emotional exhaustion and depersonalization scores, respectively. Years on the unit and agency and pathways scores were used as predictor variables in each equation. In the equation predicting emotional exhaustion, only agency was significantly predictive of emotional exhaustion, $F(1,43) = 9.54$, $p = .003$, $R^2 = .18$. Thus, agency scores were significantly predictive of emotional exhaustion, accounting for 18% of the variance in this component of burnout. In the second equation predicting depersonalization, years on the unit was selected first as the primary predictor, $F(1,43) = 6.70$,

p = .01, R^2 = .13. Increased years experience on the unit was significantly predictive of higher depersonalization scores. Pathways was selected at the second step as also being significantly predictive of depersonalization, $F_{inc}(1,42)$ = 6.12, p = .02, R^2_{inc} = .11. Higher pathways scores were significantly predictive of lower depersonalization scores.

Discussion

The findings of this research reaffirm previous findings regarding the buffering effects of hope as well as its differential effects on coping. Hope was clearly associated with lower burnout scores. However, it was a sense of agency that predicted lower emotional exhaustion while years on the unit and pathways predicted depersonalization. Personal accomplishment was not associated with either agency, pathways or years on the unit.

The strong relationship between emotional exhaustion and agency indicates that a greater sense of determination to meet goals affected the degree to which nurses experienced emotional exhaustion. Emotional exhaustion is possibly the key element in burnout, since recent research indicates that this component is the strongest predictor of job dissatisfaction, plans for leaving the job, training for other work and actual turnover (Jackson, et al. 1986).

The beneficial effects of agency may be better understood in light of the items that comprise the exhaustion factor. Nurses experiencing emotional exhaustion were inclined to positively endorse feeling emotionally drained by the job, frustrated and burned-out, and were likely to acknowledge that working with people is draining and stressful. Apparently, nurses with a high sense of agency either did not acknowledge the existence of these problems, or

did not experience them altogether. It should be noted that agency is defined as the quality of hope that gives the self meaning in deleterious times. Frankl (1953), recalling his experience as a concentration camp inmate, observed that the need to imbue his life with meaning and his belief in the significance of his future existence warded off despair and subsequent death. Similarly, nurses who endow their professional and personal lives with significance and purpose are better able to fend emotional exhaustion.

Of the two components of hope only pathways was predictive of depersonalization. Unlike the existential facets of the agency construct, pathways is a more "physical" concept, implying the "know-how" of surviving, where to go, and what to do. When the "know-how" fails, when the individual lacks the knowledge to generate means to fulfill personal and professional goals, despair replaces hope and work may become meaningless. For nurses this lack of meaning spreads to encompass patients who are then easily **de-personalized**. Hence, they may become simply room-numbers or their respective illness. The expression of depersonalization may be behavioral facet of burnout -- the sign and reflection that it can no longer be denied. Depersonalization has been considered a common problem to those in human service agencies (Maslach & Jackson, 1981).

Years on the unit was the strongest predictor of depersonalization. It is possible that long-term caring and fatigue erode the nurses's ability to take care of themselves which ultimately erodes their ability to care for others. Alternatively, depersonalization may be the result of a cohort effect; namely, it may be permissible to depersonalize patients, but only among those who have been in service for a sufficient time.

The absence of associations between the components of hope and personal accomplishment may be a product of the particular population studied. This aspect of burnout, while clearly a separate factor from the other two factors of burnout (Brookings, et al. 1985), has not been adequately related to other indices of job distress (e.g., Jackson, et al. 1986). In the present study, the sense of personal accomplishment among nurses may have been inhibited by the grinding, hum-drum reality of long-term care in rehabilitation. Possibly in more acute, life-and-death situations a nurse can derive and be sustained by a sense of personal accomplishment: While the ability to save a life may be occasionally lauded, the talent to change a bed-pan rarely is.

Several limitations of the present study should be considered. Nurses from several sites participated in the study and it is unknown the degree to which the environments may have varied. Such differences may have obfuscated the results if the working conditions were significantly different. Additionally, the number of nurses, while adequate for the particular tests employed, may be an insufficient sampling of nurses involved in rehabilitation, generally. Despite these concerns, the results are consistent with current theories and study of reality negotiation. Further research is required to highlight the role hope plays in actual behaviors among persons in human service professions.

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Table 1

Means and Standard Deviations for the Predictor and Criterion Variables

Variable	Mean	Standard Deviation
Years Worked on the Unit	4.5	3.9
Agency	12.0	1.7
Pathways	12.2	1.7
Emotional Exhaustion	23.8	9.6
Personal Accomplishment	34.5	6.7
Depersonalization	9.7	4.4

Table 2

Correlations between Hope Variables, Years Experience on the Unit, and Components of Burnout

	Years	Agency	Pathways	Exhaustion	Accomplishment	Depersonalization
Years		-.15	-.06	.30*	.05	.35**
Agency			.18	-.49**	.18	-.33**
Pathways				-.29*	.14	-.40**
Exhaustion					.25	.76**
Accomplishment						.26*

Note: *$p < .05$; **$p < .01$.

Table 3

Correlations, Standardized Canonical Coefficients, Canonical Correlations, Percentage of Variance, and Redundancies between Hope and Burnout Variables and Their Canonical Variates

	Correlations	Coefficients
Hope Set		
Agency	0.92	0.51
Pathways	-0.28	-0.00
Unit Years	0.93	0.56
Percent of Variance	0.40	
Redundancy	0.30	
Burnout Set		
Emotional Exhaustion	-0.65	-0.51
Personal Accomplishment	-0.61	-0.52
Depersonalization	0.64	0.51
Percentage of Variance	0.60	
Redundancy	0.18	
Canonical Correlation	0.55	